## Case 1:14 In OC 37D-PRIE CAST PLANTING IN CAST IF I PAGE ID IN CAST IN THE I PAGE ID

WARNING: It is illegal to duplicate this copy by photostat or photograph.

| Disposition Permit Number: E007071 Decedent's Legal Name: Suzanne E. Womeldorf      |  | tification of                                |                      | Date of De          | mber: 305473<br>ath:                        |                                   |
|---|--|--|----------------------|---------------------|---|-----------------------------------|
| Suzanne E. Wonleidon  |  |  |                      | January             | January 18, 2025                            |                                   |
| lias:<br>Not Applicable   |  |  |                      |                     | irity Number:<br>5774                       | Sex:<br>Female                    |
| ge: Date of Birth: 1955   | Birthplace:<br>Harrisburg, P   | ennsylvania                                  | Ever in US Armed     |                     | larital Status at Tim<br><b>Vidowed</b>     | e of Death:                       |
| esidence Address: 732 N 2nd St  |  |  | use's Name: Not App  | licable             |   |                                   |
| ykens, Pennsylvania 17048-1403  |  |  |                      |                     |   |                                   |
| sidence County: Dauphin rent's Name: Marlin Grim                                    |  | Parent's Nam                                 | e: Emma Bordne       | •                   |   |                                   |
| Cites Haine. Marini Griffi  |  |  | - Lillina Bolulle    |                     |   |                                   |
| formant's Name: Chris Crum  | Informant's F<br><b>Son</b>  | elationship to Decedent                      |                      |                     |   |                                   |
| ace of Death:   |  |  | State, and Zip Code: |                     |   |                                   |
| ecedent's Residence   | The state of the s | Lykens, Pennsylvania 17048-1403              |                      |                     |   |                                   |
| 32 N 2nd St   |  | County of De<br>Place of Disp                | ath: Dauphin         | III.                |   |                                   |
| ethod of Disposition:<br>remation   |  | Dimon Cr                                     |                      |                     |   |                                   |
| cation of Disposition:  |  | Date of Disposition: Time o                  |                      |                     | :h:   |                                   |
| Villiamstown, Pennsylvania 17098  |  | January 2                                    | 3, 2025              |                     | Pronound                                    | ed: 4:00 AM                       |
| ame and Address of Funeral Facility: Dimon Funera                                   |  |  | Funeral Director:    | ••                  |   |                                   |
| 44 E Grand Ave Tower City, PA 17980-110   | 4  |  | Paul Dimon (E        | Electronically Sign |   | wimata (=t- == 1                  |
| RT I. Cause of Death:   |  |  |                      |                     |   | ximate Interval:<br>uset to Death |
| Immediate → a. Complications Of Multiple Comorbidities                              |  |  |                      |                     | Yea   |                                   |
| Cause   |  |  |                      |                     |   |                                   |
| b. <<<>>>   |  | •  |                      |                     | <<<   | >>>                               |
| c. <<<>>>   |  |  |                      |                     | _<<<  | >>>                               |
| d. <<<>>>>  |  |  |                      |                     | _ <<<                                       | >>>                               |
| ART II. Other Significant Conditions Contributing to Deat                           | h:   |  |                      | Was an Autop        | sy Performed? No                            |                                   |
| trial Fibrillation, Chronic Diastolic Heart F<br>ulmonary Hypertension, Sleep Apnea | ailure, Coronary   | Artery Disease, Diabetes                     | s, Hypertension,     |                     | Findings Available tause of Death? <b>N</b> |                                   |
| ate of Injury: Time of Injur ot Applicable Not Appli                                |  | Place of Injury:<br>Not Applicable           | <b>\</b>             |                     | Injury at Wo                                |                                   |
| cation of Injury: Not Applicable  |  | Describe How Injury Occurred: Not Applicable |                      |                     |   |                                   |
| Transportation Injury, Specify: Not Applicable                                      |  |  |                      |                     |   |                                   |
| d Tobacco Use Contribute to Death?  | Pregnant at Time of  |  | Manner of            | Death:              |   |                                   |
| 0   | within one year of death   |  |                      |                     |   |                                   |
| spanic Origin:<br>o, not Spanish/Hispanic/Latino                                    | ol graduate or GED comp  | r GED completed Decedent's Race: White       |                      |                     |   |                                   |
| sual Occupation: Analyst  | Jingii schoo   |  | ess/Industry: Mfg.   | iite                |   |                                   |
| ertifier's Name & Title: Thomas Reinhard Chief De                                   | puty Poroner (Elect  |  | sos/maasayg.         |                     |   |                                   |
| dress: 1271 S 28th St, Harrisburg, PA 171   | 11-1056  |  |                      |                     |   |                                   |
| te Certified: January 22, 2025  |  |  |                      |                     | WEALTH                                      | OF PERSON                         |
| gistrar's Name/District Number: Susan Sallada (8                                    | Electronically Signe   | d)   | 54-498               |                     | Will ME HE                                  | N/C                               |
| te Filed: January 23, 2025  |  |  |                      |                     |   |                                   |
| his is to certify that this is a true copy of the                                   | record which is on   | file in the                                  | Leveller and         |                     |   |                                   |
| ennsylvania Department of Health, in accord   |  |  | assell rook_         |                     |   |                                   |
|   |  | 0 11   | Ueccellareals        |                     | A STATE OF                                  |                                   |
| aw or 1955, as amended.   |  |  | Hasselbrook          |                     | 12 1  |                                   |
| aw of 1953, as amended.   |  |  |                      |                     | I ON  | 13                                |
| aw of 1933, as amended.   | 5,50   |  | Registrar            |                     | CO  |                                   |
| Swan Ballada 1 12   | 312025   |  |                      |                     | PRI MFI                                     | VT OF HEALIN                      |
| Local Registrar Date Is   | 3/3025<br>ssued  |  |                      |                     | PERMIT                                      | VT OF HEALTH                      |

H105.805.1 REV (8/20)

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. LOCAL DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

**DIMON FUNERAL HOME** 644 E GRAND AVE TOWER CITY, PA 17980-1104

Order Number

FHO20250153473

Certificate Fee: \$20.00